



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 2, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Chasers Lounge, 140 North 12th Street requesting that Jacob Lind be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:

Jacob Lind was born in Lincoln, Nebraska. He attended Northeast High School graduating in 2003.

Jacob Lind employment history is as follows:

2007 - Present	Manager, Chasers	Lincoln, NE.
2005 - Present	Kens Kegs	Lincoln, NE.

The required RCH training was completed on 4-10-2008.

A criminal history has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: JACOB DANIEL LIND , Male, DOB:

Date of listing: 06-25-2008

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 07-13-2006	for (M)PROCURE ALCOHOL FOR A MINOR	Case A6-074312
Disposed 10-16-2006	as (M)PROCURE ALCOHOL FOR A MINOR	Cit# LB033390
FOUND GUILTY Fined \$350.00		
Cited on 07-11-2001	for (M)DEPOSIT LITTER UPON A PUBLIC PLACE	Case A1-075884
Disposed 09-17-2001	as (M)DEPOSIT LITTER UPON A PUBLIC PLACE	Cit# LA769138
FOUND GUILTY Fined \$50.00		

*** END OF LISTING ***

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

JUN 19 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: CB HOLDINGS INC DBA CHASER'S LOUNGE

Premise information

Premise License Number: ~~77387~~ 77387

Premise Trade Name/DBA: CHASER'S LOUNGE

Premise Street Address: 140 W 12th ST

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 438 4615

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Todd Funk

TODD FUNK

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0800012227

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: LINO First Name: JACOB MI: D

Home Address (include PO Box if applicable): 1401 N 53rd

City: Lincoln State: NE Zip Code: 68804

Home Phone Number: 560-3312 Business Phone Number: 438-4615

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
1401 N 53rd					
Lincoln NE		84 Present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
06	present	KEN'S KEGS	MIKE BUDZINSKI	466-3336
04	06	Telecommunications	RANDY	472-0853

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

JULY 13
~~2006~~ 2006, procuring to a minor, pled no contest,
Bought myself two beers at Lincoln Salt Dogs game
undercover thought he saw my girlfriend take a drink
my word or cop's word so I pled no contest
JULY 2005, Littering

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO


PRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

Signature of Spouse

State of Nebraska

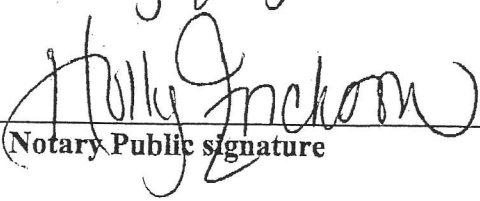
County of

LANCASTER

County of

The foregoing instrument was acknowledged before me this 21st day of May, 2008 by

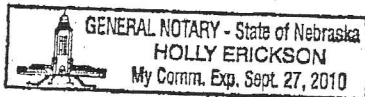
The foregoing instrument was acknowledged before me this _____ by



Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

JUN 19 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

Le Secrétaire d'Etat des Etats-Unis d'Amérique

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Jacob D. Jones
SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED



UNITED STATES OF AMERICA

Type / Type / Tipo Model / Code / Código Country / País / País 076872967

Sumario: Nombre / Apellido

JACOB DANIEL

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nascimento

Date of Issue / Date de délivrance : Février 1961

11 Jun 2003

10 Jun 2013

See Page 24

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07687295Z<USAB412257M>306101<<<<<<<<<<<<<<<<